



BAY AREA  
AIR QUALITY  
MANAGEMENT  
DISTRICT

## Bay Area Air Quality Management District Title VI Complaint Form

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):				
Telephone (Work):				
Email Address:				
Accessible Format Requirements? (check all that apply)	<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD	<input type="checkbox"/> Audio Tape	Other: _____ _____
<b>Section II:</b>				
Are you filing this complaint on your own behalf?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are filing this complaint:				
Please explain why you are filing for this person: _____ _____ _____				
Please confirm that you have obtained the permission of the complaining person if you are filing on their behalf.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Section III</b>				
I believe the discrimination I experienced was based on (check all that apply):	<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	
Date of Alleged Discrimination (Month, Day, Year):				

**Complaints must be filed within 180 days of the alleged act of discrimination.**

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. (Attach additional sheets if needed.)

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**Section IV**

Have you previously filed a Title VI complaint with this agency?

☐ Yes

☐ No

**Section V**

Have you previously filed a complaint with any other Federal, State or local agency, or with any Federal or State Court?

☐ Yes

☐ No

If yes, check all that apply.

☐ Federal Agency

☐ Federal Court

☐ State Court

☐ State Agency

☐ Local Agency

**You may attach any written material or other information that you think is relevant to your complaint.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note – The Air District cannot accept your complaint without a signature.**

**Mail your completed form to:**

Bay Area Air Quality Management District  
Director of Administration  
939 Ellis Street  
San Francisco, CA 94109

Or email to: [rsanders@baaqmd.gov](mailto:rsanders@baaqmd.gov)

If you need assistance with completing a Title VI complaint, please call 415-749-4951.

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